CLAIMS ONLY

Application Number	Filing Date
10 049 368	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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28						
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30						
31	1					
32		1				
33		1				
34		1				
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48						
49						
50						
Total Indep	1					
Total Depend	3					
Total Claims	4					

CLAIMS	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						